



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

Volunteer Application

Application Date: _____

Volunteer Position Sought:

- Give Back Garden
 - Complete this form and email to: givebackgarden@c-uphd.org
- Summer Food Program
- Other (please specify)
 - _____

*Medical Reserve Corp – please complete an application at <https://www.illinoishelps.net/>

Contact Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Date of birth: _____

Driver's license or ID number: _____
(Please present card upon starting your volunteer opportunity)

Skills and Experience:

Please describe any relevant volunteer/work experience. _____

Why do you want to volunteer? _____

Availability:

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday
AM (8:00 AM-noon)					
PM (1:00-5:00 PM)					

Other availability: _____

How many hours per week would you like to volunteer? _____

Start date: _____

End date: _____

Additional:

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity not an employment agreement. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Champaign-Urbana Public Health District or my termination as a volunteer.

Signature: _____

Date: _____